

CITY OF BIRMINGHAM
REVENUE DIVISION
ROOM TL-100 CITY HALL
710 N 20TH ST
BIRMINGHAM, AL 35203-2227

(205) 254-2198 OFFICE
(205) 254-2963 FAX

CHANGE OF TAXPAYER INFORMATION:

Note: This form is to be used only if a change has occurred in the name, ownership, number of locations, mailing or location address of your firm, or in your federal employer identification number.

PLEASE PROVIDE THE FOLLOWING INFORMATION AS IT CURRENTLY APPEARS ON YOUR CITY OF BIRMINGHAM TAXPAYER ACCOUNT:

Taxpayer ID# _____

Name _____

Mailing Address _____

City, State, Zip _____

Please check the appropriate responses and provide the information requested as follows:

- ☐ 1. The mailing address for **sales tax** ☐, **occupational tax** ☐, **sellers use tax** ☐, **consumers use tax** ☐, **lease tax** ☐, and/or **lodgings tax** ☐ forms has changed. The new address to which forms should now be mailed is as follows: *(Attach additional sheets if necessary).*

Taxpayer Name: _____

D/B/A Name: _____

Attention: _____

Address 1 : _____

Address 2 : _____

City, State, Zip Code: _____

Phone/Fax Number: _____ / _____

Name of Contact: _____

- ☐ 2. A total of _____ new business locations have been added as follows: *(Attach additional sheets for additional locations if necessary.)* **IMPORTANT NOTE: Any change in the physical location of your business must be approved by the City of Birmingham Planning, Engineering and Permits Department, pursuant to the requirements of the City's Zoning Code. Failure to obtain approval from the Planning, Engineering and Permits Department for a change of the physical location of your business invalidates any business license issued, and may result in the revocation of the business license.**

Taxpayer Name: _____

D/B/A Name: _____

Attention: _____

Address 1 : _____

Address 2 : _____

City, State, Zip Code: _____

Phone/Fax Number: _____ / _____

Name of Contact: _____

- ☐ 3. The business has been sold ☐, acquired ☐, or closed ☐. A new Federal Employer Identification Number has been issued ☐.

Effective Date of Change: _____

Former Owner Was: _____

The New Owner Is: _____

Address of New Owner: _____

Phone and/or Fax No.: _____

Old Federal Employer Identification Number: _____

New Federal Employer Identification Number: _____

Name of Contact: _____